


Louisiana Department of Health
Performance Evaluation System– Mid-Year Review Form

Dept/Office/Sect/Unit: _____

Employee Name: _____ Employee ID#: _____

Employee Position Title: _____ PES Year: 7/1/2019-6/30/2020

Rating Items/Discussions	
Check all rating items discussed and include comments on any specific areas that are noteworthy or need improvement.	
Tasks and Responsibilities	Comments
1. Big Bets	<input checked="" type="checkbox"/>
2. Business Management	<input checked="" type="checkbox"/>
3. People Development	<input checked="" type="checkbox"/>
4. Health Outcomes	<input checked="" type="checkbox"/>
Rating Supervisor's Statement:	
I have personally discussed the information shown above with this employee during the Mid-Year Performance Review Session.	
Signature 	Date
Print Name	Supervisor ID #
Position Title	

